

POULTRY SERVICE REQUEST FORM
ANIMAL HEALTH LABORATORY SYSTEM
VIRGINIA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
VDACS FORM-03153

Account or Veterinary Information

Billing Client Name _____ Veterinarian _____
Address- _____ Zip Code- _____ Area Code- _____ P.O. _____
Phone No.- _____ Fax- _____
City- _____ State- _____ County- _____
Accession Number _____ Date Submitted- _____

Owner Information

Phone- _____ Area Code- _____ Premise- _____
Name- _____ Contact- _____
Business Name- _____
Address- _____
Zip Code- _____ County- _____
City- _____ State- _____

Animal Id./Name	Species	Breed	Sex(M.F.or N.)	Age	Weight	Qty
1 _____	_____	_____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____

(☐ See Cont. sheet for multiple IDs)

Sample Information

Date Taken- _____
Type- _____ Quantity- _____ Type- _____ Quantity- _____

History

Flock size _____ Feed (Lbs/Day)- _____ Water (Gal/Day) _____
Mortality 1st D- _____ 2nd D- _____ 3rd D- _____ 4th D- _____
5th D- _____ 6th D- _____ 7th D- _____ 8th D- _____ Total Loss _____
Egg Production- Before Disease% _____ Present Production.% _____
Vaccination History- _____
Treatment- _____
History _____

Disease Suspected- _____

SEE REVERSE FOR TEST SELECTION.